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A CASE OF DIABETES MELLITUS.

BY A. B. CROSBY.

[Communicated for the Boston Medical and Surgical Journal.]

AN article on diabetes mellitus having recently appeared in this Journal, I have been induced to communicate a case which has come to my knowledge, and the minutes of which I have preserved. The case first alluded to was from the pen of a medical gentleman of Lowell. The remedy resorted to was the sesquicarbonate of ammonia, but without any good effects resulting. The present case was a patient of Dr. Mitchell Davis, a highly intelligent physician of Thetford, Vt., who consulted my father, Dr. D. Crosby, with regard to the treatment to be pursued. Through the politeness of Dr. Davis I am enabled to furnish the facts. The previous history of the case was as follows. The patient was a boy—Frederick Ellis by name—aged 6 years and 8 months. For six weeks previous to Dec. 12th, 1853, he had had a voracious appetite, and was known to have passed more urine than usual. At the above date he was found to void five pints of urine in a single night—his bed being “drenched” besides by the involuntary flow during sleep. Skin was pale and dry. The tongue was covered by a coarse white coat. He appeared peevish and irritable, and passed very restless nights. On the 13th I analyzed a specimen of the urine, with the following results:—The urine pale straw color. Specific gravity 1040. No acid re-action. No appearance of albumen. Most decisive evidence of grape sugar. The treatment advised was a cathartic of castor oil—to be followed by a drachm of cod-liver oil, three grains of phosphate of iron, and six drops of liquor potassæ, each three times per diem at intervals of one hour. The patient was to be confined to a strictly animal diet. On the 17th I again examined the urine, and found it improved in color. Specific gravity 1030. A slightly acid re-action. Abundant evidence of grape sugar.

The treatment was continued, but the patient having vomited the cod-liver oil a cathartic of calomel was given, followed by castor oil. The same treatment was then continued as before, except that the dose of liquor potassæ was diminished from six drops to three.

From this time the quantity of urine diminished daily. Diaphoresis was easily instituted, and all the symptoms were much improved.

Jan. 10th, another specimen of urine was examined, which resulted as follows:—Color of the urine normal. Specific gravity 1016. Acid re-action. Slight evidence of sugar.

For the two weeks previous to this date, the diet of the patient consisted of cheese and eggs. The quantity of urine was normal.

Feb. 12th, I again examined the urine and found it as follows:—Color normal. Specific gravity 1020. Acid re-action. No trace of sugar.

The patient, to all appearance, is well. His weight has increased, since Dec. 12th, seven and a half pounds. He was vaccinated for kinepox the last week in January, with success. Occasionally he "helped himself" to other kinds of food, but in the main he was confined to an animal diet. The boy is at present ruddy and active, with no evidences of disease about him.

In the article to which I have already alluded, the author remarks—"I question very much whether a real case of diabetes mellitus was ever cured permanently." A great number, if not the majority of the profession, coincide with him in his opinion. But may it not be that this idea has gained currency from the fact that the majority of cases are not brought to the attention of the practitioner until the disease has progressed beyond recovery? The case which I have cited was of short standing, and the recovery is, to all appearance, entire. Very many diseases, which when early subjected to treatment yield at once, if allowed to become chronic invariably prove fatal. And if it is thus with other diseases, why may it not be the case with this?

Post-mortem appearances show enlargement of the kidneys, but nothing else, save the general effects of debility; and we may, therefore, fairly conclude that there is no organic disease precluding recovery. The disease is evidently one of altered chemical action. Yet we are not by any means sure that we possess a specific remedy. It is very well known that all vegetable substances consist largely of starch. On its introduction into the stomach, the starch being acted upon by the chlorohydric and other acids, is converted into dextrine—this again becomes sugar—the sugar is changed to vegetable acid, which when oxydized becomes carbonic acid. Now, in diabetes, starch is changed to dextrine—dextrine to sugar, which then passes the kidneys without farther change. The desideratum is to find some agent which shall promote the change of sugar to vegetable acid. Those who have investigated the subject most, suggest that this change is essentially dependent upon the alkalescence of the blood. Now if all this be so (and we have the sanction of high authority) alkalies would manifestly be indicated in the treatment. It has been observed that in fat persons diabetes progresses much slower than in persons of an opposite condition. From our knowledge of this fact, we should judge that the entrophic effect of cod-liver oil would be extremely serviceable—its properties in modifying the system of nutrition rendering it peculiarly beneficial in this disease. The known effects of the preparations of iron upon the blood render the phosphate an excellent tonic in a disease, the invariable sequence of which is debility.

It is to be hoped, as the science advances, that new light will be thrown upon this distressing disease, and that soon recovery will be as certain a concomitant of diabetes, as the fatality which now attends it.

Hanover, N. H., Feb. 22d, 1854.

HABITUAL CONSTIPATION.

To the Editors of the Boston Medical and Surgical Journal.

DEAR SIRS,—Many of my patients, from time to time, have requested me to print my rules and remedies for obstinate or habitual constipation. They say that, as they have themselves been permanently relieved, there is no reason why the thousands who are constantly suffering from the effects of this troublesome malady should not also be benefited by a knowledge of the remedy. I do not claim any originality either for the remedy or the rules, other than collecting and concentrating many old and well-known little things, and enforcing their importance. For example, one of my rules is "as old as the hills," but it has always been considered of so little importance, that its observance has generally only been gently hinted at by the medical attendant, and laughed at by the patient; and that is, the individual must not take a book or anything else to the closet to read, while attempting the evacuation of the bowels, but must keep his mind fixed upon the object of going there. In the absence of organic disease, I do not believe there would be a single case of obstinate constipation if this rule, and one other, viz., retiring to the closet every morning immediately after breakfast, were strictly observed. These two rules will always act as effectual preventives of the malady. When the disease has been allowed to become "a fixed fact," my rules and treatment are as follows:—

Rule 1st. Go to the closet every day immediately after breakfast, and sit there fifteen minutes, making *gentle* efforts to evacuate the bowels.

2d. Keep the mind steadily fixed upon the object of going to the closet; do not read a book or paper, or think of anything else.

3d. Never treat a call of nature with neglect. If you feel a call to evacuate the bowels or the bladder, lay aside everything else to attend to it, remembering that nature will be likely to cease calling upon you in a few minutes, and will probably not call again till the next day; and then if served in like manner, will postpone her call till the next day, and then will probably not call at all, and thus you will become constipated, and most probably have all the consequences of constipation fastened upon you, such as piles, fistulas, impurities of the juices of the system, &c. &c.

4th. Every afternoon, at 4 o'clock, take five grains of the following pill: R. Compound extract of colocynth, dried and in powder, 3j.; best Turkey rhubarb, in powder, 3j.; simple syrup, q. s. M. Form into a mass, and divide into 48 pills. Take two at 4, P.M., every day. As a general rule, these pills will have no other effect than to cause a natural evacuation of the bowels the next morning. But whether they cause

a call of nature at that time or not, the patient must go to his closet immediately after breakfast, and make gentle efforts to accomplish the object. No *straining* or powerful bearing-down efforts must be indulged in. Probably for the first two or three days, and especially if the patient has long suffered with the malady, the pills may fail to have much effect; but he must persevere. Generally in two or three weeks nature will be able to do without the pills, and the experiment of omitting them may be made for one day. If an evacuation be accomplished next morning without them, they may be omitted till it is discovered that nature wants more assistance, when they must be resumed as before.

When these rules and the remedy have been strictly followed, I have never known them to fail of a perfect cure, in male or female, old or young. But the rules *must* be observed strictly, for it was a violation or non-observance of some one or more of them that was the *cause* of the malady; and if the cause be continued, of course no cure can be expected.

In my long observation of the habits of people, I have been able to collect many thoughts that seem trivial to most people, but which have the most important effects. For example, females, especially those having the charge of families, or having other duties that require special attention in the morning, are in the habit of *hushing* the calls of nature, that in perfect health are sure to be made immediately after breakfast, till a more convenient season. Little do they think or know what they are doing. Sooner or later nature will get tired of being thus put off, and before the lady knows what is the matter she finds herself in a state of habitual constipation. Men also practise the same impropriety, though possibly not so many of them. The rule with every woman should be, as remarked above, to go to the closet every morning, and to set aside every other *call* to enable her to do so.

There is one evil produced by constipation of the bowels, that is not sufficiently known, or if known, not sufficiently dwelt upon by medical men; and that is, the taking and carrying into the circulation by the absorbents vitiating matters from the stale contents of constipated bowels. When the absorbents have selected and carried off all the nutritious matters, the large quantity of rejected matter ought to be ejected from the body, and in health it is so ejected; but if this remain in the bowels, the absorbents continue taking up and conveying into the blood other and very vicious matter. Hence, when the bowels are evacuated, the excreted matter is found to have been deprived of nearly all its fluid portion, is hard, and greatly reduced in quantity. Now these vicious matters must be got rid of by some other outlet, through the kidneys or the skin, and thus these important organs are taxed with duties that do not belong to them—they are overworked, become debilitated, and often very seriously vitiated by these matters passing through them. But these offensive matters do not always find an outlet even through these organs—they are retained in the body, and give rise to numerous diseases and ailments.

But I did not intend to write an essay on the *effects* of constipation, for all medical men, I presume, are familiar with them. My object was

to give my ideas of the causes and cure of the malady. I have been using the pill above described for many years in this complaint, and it seems to me to answer the purpose better than any other. It has one good quality : it never loses its effect, never sickens the stomach, and never does any harm. It is the best simple laxative I am acquainted with, and when two grains of calomel are added to each five grains of the pill, it is the best anti-bilious pill that can be made. In the case of constipation, the pill acts as a gentle stimulant to the mucous membrane of the whole length of the bowels ; and however dry and inactive it may have been previously, after a few days' use of the pill, the secretion of mucus will be abundant.

I ought to state here that I cured, about ten years ago, a case of piles of twenty years' standing, by simply enforcing the above rules, and giving the above pills. The case was that of a lady about fifty years of age. The piles formed five large tumors, were often badly inflamed, were subject to severe paroxysms from spasm of the sphincter, &c. She had always been habitually constive, and, as she remarked to me, always put off the calls of nature as long as she could, from sheer thoughtlessness. After she had thus induced the piles, she warded off these calls on account of the pain caused by every evacuation. She applied to me for "a cure for the piles." On inquiring into her case particularly, I told her I knew of no specific cure for the piles, explained what I considered their cause, and recommended her to take the pill and observe the rules as above. She concluded to do so, and in a few months she was well ; the tumors all dried up, as she expressed it, and entirely disappeared. This lady informed me that she had never seen a "cure for the piles" advertised that she did not purchase and use ; that she must have tried some fifty different remedies as they were successively brought to her notice, all of which, at first, seemed to do good, but all failed to cure her. She has been entirely free from piles for about ten years, except occasionally she receives a gentle hint from an incipient tumor that she has been neglectful of the rules for a few days, when she immediately resumes her *regular habit* by the aid of a pill or two, and that is the end of the matter.

Respectfully,

Baltimore, Feb. 22, 1854.

GIDEON B. SMITH, M.D.

DR. DEANE ON FRACTURES OF THE FEMUR.

[Continued from page 97.]

THE theory that muscular contraction can only be neutralized by mechanical forces has, in our own time, originated several ingenious machines for maintaining extension ; and among the most conspicuous, is that known as "Jarvis's Adjuster." Its construction is complicated and elegant, and, by a combination of the lever and wheel powers, it is capable of exerting immense power. But beyond the cleverness of its mechanism it possesses no originality, its action as a splint being to stretch the limb in one direction and force the body in another. There never was and there never can be an apparatus constructed upon this irrational

idea, that will bear the test of experience ; we might as well attempt the discovery of perpetual motion. Physicians in all ages have been allured from philosophical methods of treatment by the temptations of specious and intricate machinery ; yet in the end they have been compelled to return, although by devious paths, to simple and rational rules of practice.

Now if mechanical principles alone are inadequate to accomplish exact union of fractured bones, and are incapable of promoting a condition of muscular passivity, and by their application cause unnecessary suffering, the inquiry will naturally arise whether any substitute exists, or any principle whereby entire success may be attained *without* discomfort and mischief to the patient ?

I have no hesitation in answering this inquiry affirmatively, for I place unqualified confidence in a principle of practice that, instead of overpowering muscular contraction by antagonistic forces, achieves it insensibly by a philosophical application.

I know of no single term that conveys an accurate meaning of this principle, but I should describe it to be **DIFFUSED, EQUALIZED PRESSURE** over the entire surface of the fractured limb. Mr. John Bell, who is assuredly one of the most sensible writers on fractures in the English language, describes it to mean **FRICTION**. But this term certainly does not convey the meaning, friction being simply the act of rubbing two surfaces upon each other ; but in the present sense, it means universal pressure upon the fractured limb, applied in a manner so gentle as to impart to the patient a grateful sensation of support. For example, if upon occurrence of fracture of the lower leg two thin elastic splints be applied to the limb, one upon either side, each embracing one half of the leg and foot, and both confined by a just amount of pressure, no retraction can possibly happen, neither pain nor displacement. Retraction cannot happen if the fractured bones be once in a state of coaptation, if the axis of the limb be duly maintained, and moderate general and graduated pressure be applied over its entire surface. Pressure, instead of being made upon single points, as upon the groin, should be broadly distributed, and then muscular contraction is completely subdued. In children, women, and in men of slight muscular development, and even in vigorous men, it is astonishing how soon muscular spasm is overcome by the insensible yet irresistible power of diffused pressure. I have had very considerable opportunities in the treatment of fractures of the thigh and leg, to verify the efficacy of this simple power, and I have never known an instance wherein material deformity or shortening has happened, or where pain has continued after the first shock upon the system had passed away.

The material for fulfilling this indication of treatment, so far as the lower leg is concerned, is abundant, and consists of wetted binder's board, cut and moulded accurately to the limb, and confined to it by rollers until dry, and by ligatures afterwards ; splints of felt and gutta percha, and the starched bandage. Another superior means is the carved splints. But they must be expressly constructed at the bedside, individually for the patient, and this requires considerable mechanical ingenuity. They should be fitted with entire accuracy to each side of the

leg, to conform to its axis, and to be cut away so as to be extremely light, smooth and elastic; and when so constructed and applied, the limb may be raised from the bed and suddenly dropped without danger of displacement. Either of these splints, if properly applied, will hold the leg so firm that displacement and spasmodic contraction cannot occur, and consequently no counter-extension will be necessary beyond occasional adjustment by the hands of an assistant. Book-binder's board furnishes the material for an excellent splint for the lower leg. It is light, elastic, and can be applied with great facility. It adapts itself, when wet, with perfect accuracy, and has the property of retaining its form, and even in compound fractures it can be so applied as to prevent motion at the seat of fracture, and yet leave the wounded integuments free from pressure and open to view. Treated upon these principles, no counter-extension to the lower leg is necessary. It is difficult, indeed, to apply mechanical extension to fractures of the lower leg, without disturbing its axis; and if the cure is accomplished by aid of the double-inclined plane, or by counter-extension, the leg will be too *straight*, and it is likely there will be more or less of angular direction in the fractured bones.

Such is the simple treatment I consider efficacious in fractures of the lower leg; but in the thigh, a somewhat modified plan of carrying out the same principle is required.

[To be continued.]

A CASE OF HYDROPHOBIA.

[Read before the Boston Society for Medical Observation, March 6, 1854, by CHARLES D. HOMANS, M.D.]

[Communicated for the Boston Medical and Surgical Journal.]

J. W. H., of Charlestown, a lad 15 years of age, rather small in stature, with light hair, eyes and complexion, of good general health, but of a somewhat nervous temperament, was bitten, Jan. 27th, by a dog supposed to be mad, which was lying on the floor at the foot of the stairs of the house in which the lad resided. As he stooped to caress the animal, he was bitten by him in the calf of the left leg and about the right ear; he was bitten first in the ear, and afterwards, raising his foot to kick the animal, received the wound in the leg. Immediately after this happened, the lad hung down his head sullenly and slowly followed the dog, regardless of his mother's entreaties to return; this was totally unlike his usual habit. Two other persons were bitten at the same time; one a lad of 9 years, the other an Irishman who afterwards killed the dog. The wound of the man was slight and immediately cauterized, and neither of these persons have yet shown any signs of disease. On being spoken to on Thursday last, respecting the death of the boy with hydrophobia, the Irishman appeared morose and sullen, but said nothing.

The wounds of J. W. H. were bathed in laudanum and water, and healed up kindly, or at least scabbed over in forty-eight hours, without suppuration or much pain. Nothing was noticed in this lad out of the

common way, save that he always appeared more "elated" than was natural to him, till Saturday evening, Feb. 25, when, on conversing with a lady, he fell suddenly asleep, and on awaking said he could not help it. On going to church Sunday, Feb. 26, he was noticed to shiver frequently, and complained of feeling cold; said there was a "catch in his breath" every few minutes. This continued, increasing in severity, attended with loss of appetite, inability to swallow liquids without suffering considerably, great restlessness and wakefulness. His mother made him swallow about 3ij. of infusion of senna on Sunday evening, which he immediately vomited, together with the food he had taken in the morning. He passed a sleepless night, and his sufferings having in no way abated on Monday, his mother came to the city and requested me to visit him.

Monday, Feb. 27, 1, P.M.—On entering room found patient lying in bed, with a rather hot, dry skin, tongue dry, slightly furred, papillæ being very distinct; eyes widely open, with a fixed vacant expression; countenance anxious, frightened; pulse 80—100, irregular, intermitting; respiration very peculiar; patient would breathe quietly for three or four minutes, then would follow a long, sighing, jerking inspiration, after which all became natural again. Touching his hand rather suddenly for the purpose of feeling his pulse, caused a shuddering of the whole body with spasmodic action of the muscles of the neck, during which the sterno-mastoidei appeared very prominent. The same effect was produced by speaking to him suddenly, by the approach of any one to the bed-side, or on his attempting to reply to any question. Had swallowed nothing since Sunday evening, every attempt to do so causing spasms. A tumbler containing water was given to him, with the request that he would drink from it; he took it in his hand and endeavored to bring it to his mouth, but did not succeed. Instead of carrying the tumbler towards his mouth, his hand was forced in the opposite direction, and his head jerked backwards notwithstanding all his exertions, which were so great as to cause the perspiration to start from every part of his body, but especially from his head and neck. There were two cicatrices on the outside of left calf, about midway between knee and ankle, marking the spots where the dog's teeth had entered; each of these would, perhaps, cover the area of a three-cent piece, were rather bluish in color, and covered with a furfuraceous scab. On pinching these spots, patient made no complaint; linear cicatrices alone remained as the result of the wounds about right ear. It being desirable that the lad should be ignorant that any connection was supposed to exist between the bites made by the dog and his present illness, none but indirect questions on this subject could be put to him.

Patient was not inclined to converse, answering questions as much as possible by motions of the head; no appetite; great thirst; complained of a continual sensation of chilliness; no dejection since Saturday. Ordered ʒ ss. of castor oil in coffee, to be taken in teaspoonful doses; mustard poultices to feet.

5½, P.M.—Visited patient with Dr. John Homans; Dr. W. B. Morris, of Charlestown, was also present, having been called in during my ab-

sence, and from this time he followed the case with me to its termination. Pulse as before. Has had a good dejection from the oil, after having taken two teaspoonsful. Skin moist, covered with an acid, offensive perspiration. Spasms occurred, without any particular exciting cause, about once in ten minutes; they were of a shivering nature, and lasted about one minute. They were excited by the slightest touch, the sudden approach of a person to the bed-side, the sight of a lamp, or by a current of air, but not by the noise of liquid poured from one vessel into another. The approach of liquids to his lips was especially disagreeable to the lad, causing a jerking backwards of the head and a suffocative feeling in the throat. No increase of saliva. During the intervals of paroxysms, respiration was tolerably easy, though always hurried; expression of countenance anxious, frightened; manner nervous, agitated; answered questions correctly, and was rather more inclined to talk. Ordered brandy, one part to two parts of water, a tablespoonful to be given every half hour, and oftener if possible.

12, P.M.—Spasms were more frequent and distressing. Patient was able to take warm liquids 3j. at a time, but with great suffering. In giving him anything to drink, it was necessary to carry the spoon slowly towards his mouth, which always caused a spasm as above stated. After a moment he was able to open his mouth slightly, when the spoon was quickly thrust in by the attendant, and its contents swallowed with a sudden snapping motion of the jaws; this was followed by jerking of the head backwards and difficulty of respiration for a minute or so. If the spoon was presented to him suddenly, he said, "Don't! you frighten me! Oh dear! I wish I wasn't so fidgety," &c. Brandy and water had been given to him at short intervals, but the odor being disagreeable to him, whiskey was substituted. The paroxysms became more frequent and violent, but the mental faculties were almost preternaturally clear, the lad frequently asking the nature of his complaint, the cause of the profuse perspiration, &c., and expressing great willingness to take anything which would "make him any better."

Tuesday, Feb. 28.—At 12½, A.M., the inhalation of ether was attempted, but the approach of the saturated sponge causing frightful convulsions, it was abandoned for chloroform, which, however, we were obliged to lay aside for the same reason. He violently resisted these two remedies, would not suffer the sponge or handkerchief to come near his face, and exacted a promise that the attempt should not be made again. Spitting of thin mucus commenced at this time.

At 1, A.M., thirty-five drops of laudanum were administered, and this was repeated about once an hour till 7, A.M., the dose being increased to sixty drops. Cold milk was substituted for whiskey, at patient's earnest request. He slept about twenty minutes twice during the night, but waked both times with a sensation of suffocation. About 2, A.M., expressed a belief that he should die. An hour later, after a short interval of quiet, his pulse became more feeble and rapid, varying from 100—120; countenance collapsed and very anxious. He suddenly desired that all his family should be roused from their beds in order that he might take leave of them. His request having been complied with,

he kissed them all, and bade them an affectionate farewell. After a short time, however, his pulse became stronger again, and the spasms returned with increased violence.

Several times during the night he became excited and angry, but afterwards apologized for any hasty expressions he might have used. He complained constantly of heat and thirst; once stripped himself entirely naked in consequence of this feeling of heat, and remained so for some time. Was much annoyed by perspiration constantly flowing down his face and neck. Made many heroic efforts to wipe it off, every application of the napkin causing terrible spasmodic action. Restlessness and agitation continued, especially when attempts were made to swallow liquids. At 4½, A.M., after his second doze, he complained still more of "agony," and expressed regret he had not died after taking leave of his family; said he was perfectly ready and anxious to die. Once, only, during the night did he show any incoherency in his language, and that only in one remark. Once, also, about the same time, he loudly and rather angrily ordered all persons to keep away from the bed-side, as he feared he should have hydrophobia; a moment afterwards he desired the attendants to return. His sense of hearing was so acute as to be annoyed by a very slight singing noise made by the flame of a small spirit-lamp, of which only one wick was lighted, and standing at a distance from the bed on the mantel. This noise he referred to his own throat, and would not believe it to be elsewhere till the lamp was removed from the chamber. Spitting of thin mucus continued, causing much distress to the patient. I left him at 5½, A.M., more tranquil, and returning thanks to me for remaining with him during the night; indeed, he was very grateful for every attempt made to alleviate his sufferings.

At 9, A.M., Dr. George Hayward, Sen., visited the patient with me. We found him quite free from spasm, save of a slight nature, and conversing freely with his friends as to what he would do when he got about again. He could take warm liquids from a spoon with a little effort, the spasms being much less severe than in night. Every attempt to swallow cold water, however, continued to be very distressing to the lad, though not to so great a degree as yesterday. He was able to take a tumbler in his hands, and after a few spasmodic efforts he could bring it to his lips and swallow a small quantity of its contents. Pulse 120; skin moist and warm; tongue moist, without any coat. Dr. Hayward asked him what was the matter with him: he replied, "he thought it was a queer sort of disease, a 'nervous fever,' he believed they called it."

I did not see the patient again for two hours, but was told by Dr. Morris, on my return at 11½ A.M., that a great change for the worse had taken place about half an hour after Dr. Hayward's visit. From that time the lad never had an interval of rest till death released him. His countenance became more anxious; feeling of suffocation increased; pulse more frequent and feeble. Most of the time he was sitting upon the edge of the bed, with his chest exposed opposite an open window, anxious for air; was agitated by and impatient of any one crossing the room between himself and the window. Spitting of frothy viscid mucus constant. Patient would frequently order the window shut, half opened and re-opened widely, impatiently requesting the person doing it to pass before him as rapidly as possi-

ble. Intellect still remarkably clear. Complained incessantly of his throat and a terrible feeling of distress about his chest, which he was continually beating with his hands. Talked much, rapidly and loudly. Said there was something "rolled up like a cigar" sticking endwise in his throat, which prevented his breathing, and which he was continually endeavoring to vomit or spit up. Many times, after spitting almost incessantly for a few minutes, he said "There! I have got it up;" then in a minute again, "No! I have n't!" Was furiously enraged at times by the sight of a crowd of curious spectators in front of his window, in the street; screamed loudly at them to be gone, threatening to throw a bottle at their heads and to wreak vengeance on the boys as soon as he should be well enough to go out. Would get up at times, move rapidly around the room, and return to bed, after a minute or two, of his own accord.* Peppermint tea was given in 3j. doses to allay thirst. Vinegar was proposed as an empirical remedy by some of his friends, and was given once in the dose of 3ij., distressing him exceedingly. Mucus expectorated increased continually in quantity and viscosity, the carpet near the bed being pretty well covered with it. Convulsive movements almost constant, and restlessness much increased. Expressed great agony at the obstruction in his throat; wished to vomit, and to be beaten on the back while coughing to help dislodge it; desired his mother and other relatives to be kept out of the room in order that their feelings might be spared, and requested that they might be told that he was "only a little sick."

At about a quarter before 2, P. M., patient being nearly pulseless, and his extremities and countenance being quite livid, Dr. John Homans and Dr. Storer of Boston and Dr. Mason of Charlestown being present, together with Dr. Morris and myself, it was decided to use force and cause him to inhale chloroform for the purpose of relieving his agony, which had now become excessive. He was accordingly enveloped in a blanket, after a severe struggle, and at 2½, P. M., he breathed his last, while under the influence of this anæsthetic agent.

The autopsy was made on Wednesday, March 1st, at 10 o'clock, A. M., 20 hours after death. Present—Drs. Hodges, C. Ellis, Morris, Mason, Braun and myself.

External appearances.—Greenish discoloration and peculiar livid appearance of the whole surface of chest and abdomen. Lividity about lips strongly marked. Posterior surface of body discolored by settling of blood. Rigidity of limbs excessive. Very offensive odor of commencing decomposition. Cicatrices of bites on leg still of a bluish color, with an induration around them like a nodule in the skin, and covered with a slight furfuraeous scab. Cicatrices about ear nearly disappeared.

Cerebrum.—Membranes perfectly normal and not congested. Subarachnoid fluid, clear and normal in quantity. Pacchionian glands not particularly marked. Substance of brain natural in color and free from congestion, but very soft throughout. Distinction between gray and white matter strongly marked. Nothing remarkable about base of brain, medulla oblongata, or origin of cerebro-spinal nerves, save their general softness.

Cerebellum generally quite soft, otherwise normal.

Spinal Cord.—Fat deposited on exterior of dura mater of cord, more over some portions than over others. 3ij.—iv. of clear serous fluid in the spinal subarachnoid space. Consistence firm and natural. Vessels well filled in lower part of cord, empty above.

* There were no involuntary evacuations either of urine or feces.

Thorax.—Old pleuritic adhesions of lower lobe of left lung. Posterior portions of both lungs much congested. Heart well contracted—left ventricle empty; both auricles filled with soft black coagula; elsewhere, blood generally fluid.

Esophagus, larynx and epiglottis normal; no congestion. Papillæ at root of tongue well developed. Salivary glands (submaxillary) of both sides, normal, ducts pervious. Stomach well contracted; internal surface mameloned in pyloric portion; mucous membrane firm and thick, covered with a considerable amount of viscid mucus.

Intestines—small, empty; large, empty and contracted. Liver firm and healthy. Pancreas nothing abnormal. Bladder contracted. Solar plexus and thoracic ganglia of sympathetic system presented nothing abnormal.

Remarks.—It may be asked why stimulants were not given in greater quantity, or why no other medicines than those mentioned above were administered? The only answer to such an interrogatory is, that everything which was given to the unfortunate patient caused such intense suffering that it seemed absolutely cruel to persist in forcing him to swallow a quantity of articles, in favor of which no argument could be brought forward other than an empirical one. A similar remark would apply to the administration of chloroform or ether; the only time they were tried, they caused such terrible spasms that it was very easy to promise the lad they should not be forced on him again.

As usual in this disease, nothing was found at the autopsy to account for the symptoms. The only remarkable appearances were the rapidity with which decomposition had commenced, and the general softness of the cerebral substance.

It should have been stated before, that at first the boy had some fears of hydrophobia; but after his wounds had healed, he had apparently thought nothing more about it.

1 Chauncy Place.

TRIAL FOR ALLEGED MALPRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I send you an account of a recent trial for malpractice in Norfolk Co. You may dispose of it, or parts of it, as in your judgment may best serve the interests of the profession.

On the 12th day of June, 1853, John Kerr, an Irishman, about 40 years old, while intoxicated, fell from a wagon and broke his left clavicle, obliquely, near the beginning of the outer third. Dr. Perry, of West Medway, was called to take charge of it. It was dressed with Fox's apparatus. The difficulty in keeping the ends of this bone in place is well known, even with a careful patient, much more so with a subject "notoriously careless and impatient." Kerr seemed to think the bone had never been set, because at times there was a displacement. Accordingly, at the end of eight days, he applied to a neighboring physician for advice, who informed him that it could be readily adjusted, but from professional courtesy declined doing anything, unless the attending physician was present. Dr. Perry was ready and willing to do all that was necessary at that time. Nothing was done until the eleventh day; then Bonesetter Sweet, of Providence, R. I., was applied to, and, of

course, "set it." The next morning Sweet had occasion to "set it" again. When Kerr came home the bone needed "setting" as much as ever. A third physician took charge of it on the sixteenth day. On the 21st, two other surgeons were consulted. In the latter part of July a suit was commenced for \$5000 damages.

The case came to trial at the Supreme Judicial Court, held at Dedham, Feb. 21st, 1854—Judge Thomas, of Worcester, presiding. Counsel for Kerr, P. P. Todd of Blackstone, and Geo. Farley of Groton. Counsel for Dr. Perry, J. J. Clarke of Roxbury.

It was proved that the plaintiff was intemperate; that he remained in Dr. Perry's care only seven or eight days at most; that others had charge of the case; that he was away from Dr. Perry the second week, the most effectual time for service; that the callus could not have been so firm but that the ends of the bone might have been easily adjusted when he left Dr. Perry; that the cure could then have been effected just as safely and quickly, as if the ends of the bones had been in place all the time; that the bones were adjusted once; that a reasonable care and skill were used; that an obliquely fractured clavicle was difficult to keep in place, and that Kerr's clavicle had so great a curve as to be peculiarly difficult. The deformity was not so bad as sometimes happens, and it is not probable Kerr would be disabled from work to any appreciable extent.

The following are some of the remarks of the Judge in his charge to the jury. When a physician or surgeon is called to a patient, a contract is begun. The patient is to follow the directions of the surgeon, and the surgeon to use reasonable care and skill. The surgeon does not promise to cure his patient. Iron is inanimate and subject to fixed laws; the smith may weld it, or cause it to take various shapes at his option and skill; it cannot resist nor oppose his intentions. A surgeon has an animate subject, and cannot tell what may be the result of his efforts; his care and skill may be neutralized by the want of care or coöperation of the patient. In ordinary cases the employer governs or directs the employed; but in surgery the case is reversed. The surgeon controls the patient, and when the patient ceases to follow the directions given or employs another, without the knowledge or consent of the former, the contract ceases and is void.

The Judge made the following suggestions respecting the influence the opinion of surgeons should have upon jurors in surgical cases. In cases out of your ordinary experience it is common to consult others who are supposed to know more than you. A degree of confidence is given to your family physician. You do not dispute his judgment, or doubt it. From his study and qualification, he is more competent and knows more than you; therefore you take the cup he offers for your relief without hesitation. In the case upon which you are now to decide, *you are to allow their opinions to have due weight.*

The charge of Judge Thomas was full of interest, and we think it would be appreciated if it could be obtained complete as delivered. The jurors were out a short time, and returned a verdict for the defendant.

March, 1854.

AN OBSERVER.

A CASE OF SECONDARY FŒTUS.

A LETTER TO PROF. MILLER, BY B. A. JESSE, M.D., OF SHELBY CO., KY.

PROF. MILLER. Dear Sir,—A circumstance so strange and unaccountable happened a few days since, in my obstetrical practice, that I wish to communicate the facts to you, for a solution of the mystery. I will go somewhat into detail, that you may have the entire history of the case.

A mulatto woman, a slave, about 25 years old, healthy, the mother of several children, was delivered on the 14th of April, 1853, of a healthy-looking male child, which died in a few days, of convulsions. She was delivered again the 11th day of the present month, of a stillborn child of good size, with short and deformed legs and arms. Umbilical cord short, with an aneurismal sac about one or two inches from the umbilicus. The waters excessive in quantity, so much so that she complained, for some time before her confinement, of pain and uneasiness from the distension. The labor was not protracted nor severe. The placenta delivered; and all seemed to be going on well. On the second day after her delivery I was sent for to see her, "as there was something wrong." I went to see her; she said that the night before, "something came away," and it was attached to a cord or string, and she had tried to pull it away but could not. I examined her, and found suspended to the umbilical cord a fœtus of about six weeks or two months old. I traced the cord to the mouth of the uterus, but owing to the contracted state of the os uteri I did not attempt to insert my hand. I used very moderate traction on the cord, and it parted from its attachment. There must have been another placenta, for I am satisfied that I extracted all that belonged to the first child.

Counting four weeks from the birth of her child in April, 1853, it would be about eight months to her last confinement; but I suppose any one judging merely from the size and appearance of the child would have believed she had gone full nine months. Can it be possible that conception took place in the sixth or seventh month of the first child? Was it a dwarf? Hardly, for it was not developed, not matured in its members, but just as we find a fœtus of six weeks or two months. I should be pleased to know whether or not you have met with any case similar; will you please favor me with your views in regard to it. I will add that the woman never had twins before, though I have delivered her of two children before this, similarly deformed.

Very respectfully, B. A. JESSE.

Jesse's Store, Shelby Co., Ky., Jan. 14th, 1854.

PROF. MILLER'S REPLY.

Louisville, Jan. 20, 1854.

DR. B. A. JESSE, Dear Sir,—Your letter of the 14th inst., was duly received, and I thank you for the narrative it gives of a rare though not unique case in obstetric practice. It has never happened to me to meet with such a case in my own clinical experience, but several such may be found on record. Not to refer to other authors, Dr. John Rams-

botham relates a few cases of the kind in his "Practical Observations in Midwifery," part ii., prefacing them with some explanatory remarks. He denominates, not very happily, as I think, the abortive product a *secondary fœtus*, and considers it to be twin of the living child, or the one that attains its maturity. In the cases related by him, there were symptoms of abortion at the period of pregnancy, when this is most liable to occur, but these symptoms subsided without the ovum's being expelled, and hence he inferred that the threatening of abortion was consequent to the loss of vitality on the part of one of the ova of a twin conception. The dead ovum may be retained in the cavity of the uterus till the living one acquires its complete development, and be expelled subsequently to it at the time of parturition, as it happened in your case. You do not state whether your patient was threatened with abortion in the course of her pregnancy, and it would be interesting to make inquiries on this point.

That one of the ova in cases of twin pregnancy may be blighted without implicating the other, is proved by the observation that the dead ovum may be expelled, whilst the living one is retained, its development proceeding to maturity without molestation. The author, whom I have cited, gives cases of this kind also, in his valuable repository of facts, to which reference has been made.

If this explanation be not adopted, the only hypothesis which can be assumed to account for the phenomenon, is that of superfœtation, or a second and separate impregnation. I know of no sufficient evidence to authorize a belief in superfœtation, except, perhaps, its occasional occurrence in females with double uterus, or possibly in females with single uterus at a very early period, say a few hours, after the first impregnation. The changes that take place in the uterus shortly after conception and the establishment of a new process, that of gestation, are, as it appears to me, quite incompatible with a superimpregnation. I hold it to be altogether impossible at so advanced a period of pregnancy as the sixth or seventh month.

To my mind the most wonderful feature of the case reported by you, is the *superfecundity* of the woman, whose uterine apartment was to let immediately, as it seems, after its evacuation on the 14th of April, 1853, and was actually leased to him with the "short" limbs and his short-lived twin brother.

Respectfully, your obt serv't,

Western Journal of Medicine and Surgery.]

H. MILLER.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 8, 1854.

Epidemics of New Orleans.—A pamphlet, by the learned Bennet Dowler, M.D., of New Orleans, bearing the following title, "Tableau of the Yellow Fever of 1853, with Topographical, Chronological and Historical Sketches of the Epidemics of New Orleans, since their origin in 1796, illustrative of

the Quarantine Question," has scarcely been on hand long enough to receive that thorough study which the character of the subject demands. Still, with but a cursory examination, we recognize the pen of a master. Dr. Dowler has the tact to infuse a spirit into his lucubrations, that gives to them freshness, terseness and importance. He addresses a class of minds that require talent and effort to reach and interest. His readers are the thinkers—the men who weigh sentiments and opinions as well as words. In this production, an immense number of curious facts and coincidences are put in a position to excite surprise and even astonishment. A medical philosopher has a higher station than one who simply prescribes a remedy. The first takes charge of great principles: he analyses causes, and traces the relationship between them and their effects; while the latter has merely in view the arrest of a malady, and the relief of a suffering patient, regardless of the laws by which either are produced. Dr. Dowler is a profound medical scholar, as all his literary and scientific labors bear witness. It is a happy circumstance for the country, as well as for the medical profession, that a few men like Dr. Dowler exist among us, at a period when the masses are in hot pursuit of wealth, in all the various conditions of society, from the coal-heaver in the kitchen to the merchant whose possessions rival those of Cræsus. These reflections must not divert us from the consideration of the work alluded to at the commencement of this article. Wherever the yellow fever is liable to appear, there it will be useful as well as interesting. It has much more in it than at first might be supposed, and we trust it will have a wide circulation. Here at the North, although the epidemics most familiar to the people are terrible enough when they are dominant, yet they differ so much from the scourge of the South, which is the burden of Dr. Dowler's inquiries, that not quite the same degree of enthusiasm is likely to be exhibited in its perusal as among our Southern brethren. However, we appreciate talent every where, and honor genius and industry, when directed to the advancement of science and humanity, whether exhibited North or South, at home or abroad.

Chronic and Acute Diseases of the Uterus.—Charles D. Meigs, M.D., of Philadelphia, a professor in the Jefferson Medical College, is an indefatigable man; the various books bearing his name are good evidence of industry, quite beyond the ordinary activity of medical men. Were he unknown to medical literature, it would devolve upon us, after these observations, to descant upon the labors accomplished by him, in one particular line of progressive medicine; but as not knowing him, is admitting one's self to be unknown, we shall at once say that a new volume by Dr. M., from the press of Messrs. Blanchard & Lea, may be had at all the respectable book-stores. It bears the title—"A Treatise on Acute and Chronic Diseases of the Neck of the Uterus," accompanied by several drawings, that explain very clearly those portions of the text which might otherwise be less clear to a student. Dr. Meigs was chairman of a committee of the American Medical Association, appointed at Charleston, S. C., to report on the subject which is treated of in this volume. Most of it, together with the drawings, may be examined in the Transactions; but such as cannot have access to the doings of the Association, may possess this admirable production by itself. It is an 8vo of 116 pages, with a clear, distinct type, good paper—and, to all intents and purposes, is a library book that would be often consulted by the purchaser.

Discouragement of Quackery.—In the code of ethics adopted by the Rhode Island Medical Society, we find the following article upon "discouragement of quackery," and we think it will do no harm to give it a wide circulation.

"The use of quack medicines should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive of life. No physician or surgeon, therefore, should dispense a secret nostrum, even if it be his invention or exclusive property; for if it is of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies disgraceful ignorance or fraudulent avarice."

Physician's Fee Table.—The reception of a copy of the "Fee Table" of the La Salle County (Ill.) Medical Society is hereby acknowledged. If our professional friends in the State of Illinois have a plenty of practice, and can collect such fees as are here established for their guidance, they certainly can live in clover. In our part of the country, physicians find it easy enough to *make prices* for certain labor which they perform, but often a very difficult matter to adhere to them, or even to collect one half of the amount charged. We think the difficulty arises from not adhering to established tariffs, and hope our La Salle friends may profit by these hints, and not have the same cause for complaint.

Report of the City Registrar of Boston.—The City Registrar, in his report to the City Council, fully corroborates what we stated in a late number of the Journal, respecting the imperfect manner in which the returns of the *causes of death* are made to such officers. He says:—

"The uncertainty of *reported* causes of death has been alluded to in former reports. The returns from funeral undertakers and friends of the deceased, of diseases, are often so indefinite, and improbable, that inquiries are repeated with a view of revision. In some instances satisfactory answers are obtained; in others it becomes necessary to leave the column for the cause of death blank in the record.

"It is believed that from ten to twenty per cent too many are reported, and recorded, as dying of consumption. It is not to be denied that *phthisis* is the great life-destroyer of our climate; but it is believed by many intelligent and professional observers that too much is charged to this malady; while *scrofula*, *marasmus*—a general wasting without pulmonary affection—and diseases induced by vicious indulgences, do not bear their true proportion."

On the Construction of Hospitals for the Insane.—Dr. Kirkbride, in an appendix to his report on the condition of the Pennsylvania Hospital for the Insane, gives some practical hints upon the best mode of constructing lunatic asylums, which deserve attention from those bodies who may have such in charge, or contemplate erecting them.

"Every hospital for the insane," he says, "should be in the country, not within less than two miles of a large town, and easily accessible at all seasons. No hospital for the insane, however limited its capacity, should have less than fifty acres of land devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every State

hospital, or other institution for two hundred patients. * * * No hospital for the insane should be built, without the plan having been first submitted to some physician or physicians, who have had charge of similar establishments, or are practically acquainted with the details of their arrangement, and received his or their approbation."

Massachusetts Register.—The Massachusetts Annual Register is a useful book to every man in the Commonwealth, and to Massachusetts people who reside in other States. To medical gentlemen, as remarked last season, it is interesting and convenient, as it is a perfect key to the residence of all members of the medical profession, within the boundaries of Massachusetts, besides comprising that kind of information everybody wishes to possess respecting any and all departments of life. For example, the names, duties and salaries of every denomination of officers, civil, military, municipal or charitable, are here recorded. It saves labor in the transaction of many kinds of business, to know precisely where to go, to find a public man, and the hours when he may be found at his post. Cities, towns and counties are elaborately treated of, so that by taking the series of annual volumes, one actually possesses a chronological history of the whole, even to the changes incident to each year. We feel greatly obliged to Mr. Geo. Adams, the publisher, for his patient labor and great accuracy.

Intramural Burials.—Petitions have within the past week been sent in to our Legislature for the enactment of a law against intramural burials. It is time that our legislators should be reminded of their duties in this important matter; for large cities and towns are rapidly growing up in our midst, and special laws for their sanatory regulation are required, and should at once be enacted. Our opinion respecting the burial of the dead within the walls of large cities and towns, was fully expressed in a previous volume of this Journal, and we have had no cause to change it since. We still believe the burying of the dead within the limits of a large populous city to be a frightful source of disease, and the practice is entirely at variance with the efforts which are otherwise making for the preservation of the public health. In this enlightened age, when rapid progress is made in perfecting the arts and sciences, it would seem that medicine, as one of them, should not be behind the others in any effort for the benefit of the human family. The profession, who are, in fact, the guardians of the public health, should ever be ready to raise their voice against any measure which may have a tendency to impair it, and thereby shorten life. No one can for a moment doubt the injury that would result in a long series of years from the burial of the population of a whole city within its limits: and yet without legislation upon the subject it cannot be prevented. It is therefore hoped that our Legislature will give the subject that careful consideration which its vital importance demands, and thus secure to themselves the grateful benedictions of the present as well as future generations.

Mounds of the Mississippi Valley.—Dr. E. H. Davis, Professor of Materia Medica and Therapeutics in the New York Medical College, has commenced a course of four lectures on the "Mounds and Ancient Earth Works of the Mississippi Valley," at the Lowell Institute in this city. On the evening of the first lecture, the large hall was densely filled with ladies and gentlemen, who expected to hear much on such a fruitful topic that

would instruct and interest them; but owing to some cause, unknown to us, he did not fully meet their expectations. As it was the first time Dr. Davis lectured in the *Athens of America*, he no doubt had, like many others who have lectured here before, his misgivings and embarrassments, which will probably be removed by a better acquaintance and familiarity with a Boston audience, and we shall yet expect some interesting lectures on the archæology and ethnography of the great Mississippi valley.

Medical Miscellany.—The New Orleans Medical and Surgical Journal, which was owned and edited by the late lamented Dr. Hester, has been sold since his death. We have not learned the names of the proprietors, but understand that our friend Dr. Dowler is to be the editor, and we are sure that he will maintain its present high character.—46,338 patients have received gratuitous attention by the physicians of the dispensary in the city of New York the past year.—Dr. E. H. Ellis has been elected President of the Madison and Indianapolis Railroad Co.—The aggregate ages of 730 men who died in this city the past year amounted to 31,183 years, or an average of 42.7100 years each.—There were 53 suicides in the city of New York the last year, and 71 persons are reported as dying of consumption in the last week.—Dr. Wolfred Nelson has been elected Mayor of Montreal.—Dr. Tuthill's address before the graduating class of the New York Medical College was an able and most felicitous effort, and we intend giving in our next number a portion of it to our readers.

ERRATA.—On page 49, sixteenth line from bottom, for "ternitrate" read *pernitrate*; eighteenth line from bottom, for "acetate" read *oxalate*. On page 105, in the first sentence of the article on "Uterine Diseases," the reader must have noticed the transposition of the two first words.

TO CORRESPONDENTS.—An article on Homeopathy has been received, and will be examined if it is found possible to decipher the hand-writing.

The writer of a recent article in the Journal complains of its not appearing immediately after it was sent, and of the omission of portions of it—which was a poor return, he says, for "my ably-written scientific exertion." He adds—"The editor has no right for such liberties. He has but to except or refuse—unless expressly allowed to alter." The writer is candidly informed that we do not prize his communications so highly as he himself does. Had we concluded to both "except" and "refuse" the whole article alluded to, we should have been saved the labor of extracting and correcting the portions which were of any value; but the latter course was considered the most serviceable to the writer. As to printing his articles *verbatim et literatim*, which he thinks we are bound to do, a greater injury to his own literary reputation could not be done, as the reader will see by the above extracts.

MARRIED.—In Saxton's River Village, Vt., Feb. 27, L. E. Simons, M.D., to Miss Frances Perry, daughter of Fletcher Perry, Esq., all of Saxton's River Village.—At Lowell, Walter Kidder, M.D., to Miss Lucy Burap, both of L.—In Sacramento, Dr. John F. Morse to Miss Caroline F. Loney, formerly of Maine.

DIED.—At New Brighton, Penn., Thaddeus Clark, M.D., father of the celebrated Grace Greenwood.—In Portsmouth, N. H., Dr. Rufus Kittredge. He had practised as a physician in Portsmouth for the last thirty-six years.

Deaths in Boston for the week ending Saturday noon, March 4th, 97. Males, 50—females, 47. Asthma, 1—apoplexy, 2—inflammation of the bowels, 2—inflammation of the brain, 1—consumption, 17—convulsions, 5—cyanosis, 1—croup, 3—cancer, 1—dropsy in the head, 9—drowned, 1—debility, 1—infantile diseases, 6—puerperal, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 3—hip disease, 1—hooping cough, 2—hemorrhage, 1—intemperance, 3—inflammation of the lungs, 9—congestion of the lungs, 4—marasmus, 1—measles, 10—neuralgia, 1—pleurisy, 2—rheumatism, 1—scrofula, 1—smallpox, 3—teething, 4.

Under 5 years, 47—between 5 and 20 years, 10—between 20 and 40 years, 25—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 71—Ireland, 22—British Provinces, 1—England, 1—Germany, 2. The above includes 12 deaths in the City Institutions.

Clothing of Children.—The Editor of that well-conducted paper, "The Connecticut Courant," gives the following sensible advice to mothers, which in the main we think to be both sensible and opportune.

"We wish the mothers in our city would reflect a moment upon the evils resulting from the exposure of the limbs of their children to the cold. We really pity the poor girls who are sent to school with but a single covering over the lower extremities as far as the knees, while their mothers could not possibly endure the same weather without at least three or four thicknesses of protection. The continued influence of cold and of our sudden changes, day after day, on the arms, shoulders and legs of young children, must in time produce its effect on the circulation. It may in time harden the constitution, but, in nine cases out of ten, the little sufferer falls a victim to the process. What mother would choose that her child should run the risk of such hardening in such a ratio? What mother, for the pride of exhibiting the beautiful proportions of the lower limbs, on the preposterously foolish idea of hardening the girl, will hazard the development of tubercles in the lungs, of dropsy of the brain, of all the evils of bronchial colds and catarrh? There is no better method of bringing on croup or lung fever than allowing the legs to become so intensely cold as must be the result of this fashionable mode of dressing. Children have less power of generating heat than adults, and yet the mother will habitually expose her daughter to a cold she could not endure herself for fifteen minutes.

Criminal Abortionist.—The notorious and infamous Madame Restell, of this city, a professed abortionist, whose deeds of darkness and blood have long since consigned her to the *nominal* punishment of confinement in the Penitentiary, has again been arrested on the charge of a triple repetition of her murders, preferred by a young woman, who swears that she has been the subject of these several operations at the instance of her wealthy seducer and paramour. All the parties are in custody, and, but for a lamentable defect in human laws, they should be hanged together on the same gallows, as a warning against this fiendish and awfully frequent crime, which is perpetrated in this city to an extent enough to "make the cheek of darkness pale." Our laws can only punish this wholesale murderess by a brief term in the State Prison, if her bloody gains do not prevent her conviction, even if guilty. Even then her horrible trade will be carried on by proxy, and newspapers will be found base enough to insert advertisements which ought to constitute each of their proprietors *particeps punitatis*, as he doubtless is *particeps criminis*.—*New York Med. Gazette.*

Uva Ursi as an Ecboic.—E. G. Harris, M.D., of Fayette, Ala., calls attention (*Southern Medical and Surgical Journal*) to the advantages of uva ursi as a substitute for ergot, in producing uterine contractions. In five cases of insufficient uterine action from nervous exhaustion the administration of a decoction of uva ursi was followed by strong propulsive pains, and the speedy delivery of the fœtus and placenta. There was little tonic contraction until after the delivery of the placenta, and then it was complete.

This agent is preferable to ergot because there is no danger in it, and because it does not produce that tonic contraction which is so painful to the mother and so hazardous to the life of the child.—*Virginia Medical and Surgical Journal.*